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PTO/SB/50 (02-01)  
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12-7-01

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  
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Attorney Docket No.	PHUS-7
First Named Inventor	FAOUR, J.
Original Patent Number	6,004,582
Original Patent Issue Date (Month/Day/Year)	12/21/1999
Express Mail Label No.	ET 529723091 US

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56); <b>Claim Traces</b> (Submit as original, and a duplicate for file processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). <i>(See Original U.S. Patent for surrender Amendment)</i>	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input checked="" type="checkbox"/> Ribboned Original Patent Grant	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/52 or 52)	14. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449	
7. <input type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Copies of IDS Citations	
8. <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
9. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement; Certificate of Incubancy; (PTO/SB/96) App. of first director; Notices of Recordation	18. <input checked="" type="checkbox"/> Preliminary Amendment	
10. <input type="checkbox"/> CD-ROM or CD-R in duplicate. Computer Program (Appendix) or large table	19. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
11. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	20. <input type="checkbox"/> Other: <u>Check (32876); Cert. Copy</u> & translation of priority appl. and submittals thereof.	
a. <input type="checkbox"/> Computer Readable Form (CRF)		
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

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NAME (Print/Type)	RICK MATOS, PH.D.	Registration No. (Attorney/Agent)	40,082
Signature		Date	12/03/1999

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
PHUS-7

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 23	Total Claims (37 CFR 1.16(l))	(B) 123	---- 100 = x\$ ____ =	or		18 x\$ ____ =	1800.00
(C) 1	Independent claims (37 CFR 1.16(l))	(D) 5	• 4 = x\$ ____ =			84 x\$ ____ =	336.00
Basic Fee (37 CFR 1.16(h)) \$				OR		740.00	
Total Filing Fee \$						2876.00	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(l))	***	MINUS	**	* =	x\$ ____ =		x\$ ____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	****	=	x\$ ____ =		x\$ ____ =	
Total Additional Fee \$				OR		\$	\$	

 If the entry in (D) is less than the entry in (C), Write "0" in column 3. If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. After any cancellation of claims. If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). Highest Number of Independent Claims Previously Paid For or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 501527  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 2876.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

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12/03/2001

Date

  
 Signature of Applicant, Attorney or Agent of Record  
**RICK MATOS, PH.D. (40,082)**

Typed or printed name

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